

Instructions for completing the Volunteer Ombudsman Monthly Report

The Volunteer Ombudsman Monthly Report is a vital part of the Volunteer Ombudsman Program. It is a mandatory and legal document used to collect, document, and communicate information. Please complete it on a monthly basis and mail to your Volunteer Ombudsman Program Coordinator by the final business day of each calendar month. If you choose to enter the information on the report into the Online Data Entry System (ODS) at <https://vop.iowa.gov>, you must shred the document upon completion. The Volunteer Ombudsman Program utilizes the information on these reports to track concerns brought about by residents and issues taking place in facilities, as well as for program accountability.

X1	Your full name
X2/X3	Provide the month and year of your report (only one month at a time)
X4	Provide the name of your assigned facility
X5	Input your total number of visits to the facility this month
X6	Input the total number of hours you spent in the facility this month
---	Enter the facility's point of contact name and title
---	Enter dates/times of your visits (e.g., Nov. 23, 2013; 9:15 – 10:30 am).
X7	Enter the total number of residents you visited at your assigned facility
X8	Enter the total number of newly admitted residents you visited at your assigned facility
X9	Did you attend a Resident Council meeting? If so, provide the date/time
Sections I.-V.	Describe any observations or issues of concern identified by residents or yourself as related to Sections 1-5. PLEASE NOTE: The items listed in this section are not a "checklist", but a guide for volunteer visits. It is not necessary to make notes or address each item individually (i.e., "Yes/No"), only those which are relevant to the volunteer's visit.
Section VI.	<p>It is not mandatory to complete this section. If you wish, this space can be used to communicate to the Local LTC Ombudsman specific observations or issues that were surprising, of particular concern, repeat concerns, positive occurrences, etc.</p> <ul style="list-style-type: none"> For example, repeat concerns: <i>"5/6/14- Over my last four visits the facility's point of contact has assured me they had begun providing resident 'T.L.' options regarding where he/she would like to dine. My visit this month showed me they still have not done so."</i> For example, improvements or positive occurrences: <i>"4/15/14- I was delighted to see that each resident had been given a beautiful flower at the Easter party. What a wonderful gesture!"</i>
Section VII.	Describe issues or concerns identified in your visits with residents. Note whether the resident has granted permission to disclose identifying information to the facility POA and other relevant government agencies by checking the "Yes" or "No" box. If the resident is willing to share identifying information with one party only, please indicate this by checking the "Yes" box and circling the relevant party ("POC" or "other relevant government agencies").